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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR U.S. WITH FORM PTO-87B)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		1st AMENDMENT		2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1											
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TOTAL INC.	2		↓		↓		↓				
TOTAL DEP.	9		↔		↔		↔				
TOTAL CLAIMS	11										
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											
Barbara Campbell National Stage Processing (703) 305-3331											
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